



# REGISTRY OF MOTOR VEHICLES APPLICATION FOR:

☐ Knowledge (written) Test ☐ Road Test  
☐ Out of State Conversion ☐ Mass ID ☐ Liquor ID

Fees are payable by Cash, Check, Money Order, Mastercard, Visa, or Discover.  
If paying by check, please make payable to "Registry of Motor Vehicles" or "RMV"

## General Applicant Information Please print neatly with a ball point pen in blue or black ink.

Social Security Number (SSN): \_\_\_\_\_ License Number (If different than SSN): \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_ Do you want to use your Social Security Number (SSN) as your license number? ☐ Yes ☐ No  
(A "yes" answer may allow anyone who sees your license to learn your SSN.)

Name: Last, First, Middle \_\_\_\_\_ Sex: ☐ M ☐ F Height: \_\_\_\_\_ ft \_\_\_\_\_ in

Mail Address: (Where you want us to send your Driver's License/ID and future notices from the RMV) Apt # \_\_\_\_\_  
U.S. Post Office MAY NOT deliver if your name is NOT on the mailbox.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Residential Address: (Where you actually reside - if different from your Mail Address) Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Out of State License Conversion To be completed by applicants converting an out of state license. Proof of Massachusetts residency is required.

License Number: \_\_\_\_\_ State \_\_\_\_\_ License Class: \_\_\_\_\_

Expiration Date (month/day/year): \_\_\_\_\_ CDL Endorsements Held: (Commercial License ONLY)  
☐ AIR BRAKES ☐ COMBO ☐ HAZMAT  
☐ PASSENGER ☐ TANK ☐ DOUBLES/TRIPLES

## Parent/Guardian Information To be completed by the parent, guardian, child guardian division, or boarding school headmaster of an applicant under age 18.

To the Registrar: I hereby certify I am a (check one)

☐ parent ☐ guardian ☐ child guardian division ☐ boarding school headmaster of the above-named applicant who is less than 18 years of age, but not less than 16 years of age if applying for a knowledge (written) test or not less than 16 1/2 years of age if applying for a road test, and that my consent is given as required by M.G.L., Chap. 90, Section 8 that the applicant may be granted a Learner's Permit/Driver's License to operate motor vehicles. If this application is for a road test, I further certify that the above named applicant has completed an additional 12 hours of supervised, behind-the-wheel driving by a validly licensed person aged 21 or over, with at least one year of driving experience, in addition to the requirements of the driver education and training program. Falsely certifying is punishable by fine, imprisonment or both (M.G.L. c90 §24).

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

If the person giving consent IS NOT a parent, proper documentation of authority must be shown at the time of the knowledge (written) and road test.

## ID Requirements

Please see Appendix "A" of the **Driver's Manual** for the identification requirements you must satisfy to obtain a license or ID and the list of "Acceptable Forms of Identification" that may satisfy those requirements. (Applicants under 18 years of age are not required to provide proof of residence or signature). The list is also on our website at [www.mass.gov/rmv](http://www.mass.gov/rmv).

## Signature of Applicant (not complete without signature)

This application will be processed through the National Driver Register (NDR) and/or the Commercial Driver License Information System (CDLIS) to verify the status of operating privileges in other jurisdictions and the social security number will be verified with the Social Security Administration. I hereby apply for a Learner's Permit/Driver's License or ID and swear (affirm), under the penalties of perjury, that the information I have provided in this application is true and, if applying for a CDL, I meet the qualification requirements listed in Title 49 CFR Part 391 or 540 CMR 2.06 and 14.00.

**False statements are punishable by fine, imprisonment or both (M.G.L. c 90 §24).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CUSTOMER SERVICE APPROVAL (RMV USE ONLY)

Date: \_\_\_\_\_

Initial: \_\_\_\_\_

Vision: Pass ☐ Fail ☐

(RMV USE ONLY) Batch Number: \_\_\_\_\_

## LICENSE CLASS APPLYING FOR:

☐ A ☐ B ☐ C ☐ D ☐ M

## CDL ENDORSEMENTS APPLYING FOR: (FOR CLASS A, B, OR C)

☐ AIR BRAKES ☐ COMBO  
☐ HAZMAT ☐ PASSENGER  
☐ TANK ☐ DOUBLES/TRIPLES  
☐ SCHOOL BUS

## REQUIRED INFORMATION

1. Do you want to have the organ donor designation printed on your driver's license? ☐ Yes ☐ No

To register, complete an organ donor card.

(The RMV is required by law to provide certain information identifying organ donors to federally-designated organ procurement organizations.)

2. Is your license or RIGHT to operate suspended, revoked, canceled, or disqualified here or in any other state? ☐ Yes ☐ No

If yes, where? \_\_\_\_\_

Exp. Date \_\_\_\_\_

If yes, why? \_\_\_\_\_

3. Are you an active duty member of the U.S. armed forces? ☐ Yes ☐ No

4. Do you have any medical condition that may affect your ability to safely operate a motor vehicle? ☐ Yes ☐ No

(The Medical Affairs Branch has established standards to determine fitness to operate a motor vehicle. Ask a counter clerk for a summary of these standards or visit our website at [www.mass.gov/rmv](http://www.mass.gov/rmv) for the complete text of these standards.)

5. Are you currently taking any medication that could affect your ability to safely operate a motor vehicle? ☐ Yes ☐ No

### Note

If you answered yes to questions 2, 4, or 5, additional documentation may be required.

**The Registrar reserves the right to cancel, or revoke and recall, any permit, license or ID if the Registrar determines that the applicant was not qualified for such permit or license.**

**Official Notice:**  
Massachusetts law requires persons convicted of a sex offense to register with their local police departments. For information, call 1-800-93MEGAN

**Voter Registration** To be completed by all applicants (Except at road test sites)

**To register to vote in Massachusetts you must be:**

- a **U.S. CITIZEN**; and
- a Massachusetts resident; and
- at least 18 years of age or older on or before the next election.

**Question One:**

1. Do you want to register to vote? ☐ Yes ☐ No
- Check "Yes" if you want to register to vote, **or** you are changing your name or address and want to be registered to vote with this new information.
  - Check "No" if you are currently registered to vote and do not want to change your voter registration **or** do not want to register to vote.

If you answered "yes," complete question two and read the Affirmation Section below.

**Question Two:**

2. Check all that apply:
- Are you a citizen of the United States of America? ☐ Yes ☐ No
- Will you be at least 18 years of age or older on or before the next election? ☐ Yes ☐ No
- NOTE: If you completed "no" to either of these questions, do not complete question 3.  
You are not eligible to register to vote at this time.

**Question Three:**

3. Please indicate party enrollment or political designation (check one). ☐ Democrat ☐ Republican ☐ No Party (unenrolled)
- ☐ Political Designation (not a political party): \_\_\_\_\_ (Print desired designation.)

**PLEASE ASK THE LICENSE CLERK FOR YOUR VOTER REGISTRATION RECEIPT**

**Affirmation** To be read by applicants registering to vote

When you sign your name at the counter to complete this transaction, you will be swearing (affirming) that you are the person identified on this form; that the information on this form is true; **THAT YOU ARE A CITIZEN OF THE UNITED STATES**; that you are not a person under a guardianship which prohibits you from registering to vote; that you are not temporarily or permanently disqualified by law from voting because of corrupt practices with respect to elections; and that you consider the residential address recited on this form to be your home address.

**Confidentiality of voter registration information**

If you register to vote, the office at which you registered will remain confidential and will only be used for voter registration purposes.  
**Penalty for illegal registration:** Fine of not more than \$10,000 or imprisonment for not more than five years or both (M.G.L. c. 56 §8).

**Written/Road Test Information** To be completed by examiner or RMV official

Vehicle Used:	Registration Number:	Sponsor License Number:
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Sponsor Signature:	Date Examined:	Please Check One: <input type="checkbox"/> <b>PASS</b> <input type="checkbox"/> <b>FAIL</b> <input type="checkbox"/> <b>REJECT</b>
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Parts of Test	Comments	Reason for failure or rejection
1. Predriving checks		
2. Hand signals		
3. Start engine		
4. Start/stop vehicle		
5. Parallel Park		
6. Backing approximately 50 feet		
7. Left-right turns	left right	<b>For CDL Licenses Only:</b> Pass Fail
8. Start/stop/turn vehicle on hill		1. Pre-Trip <input type="checkbox"/> <input type="checkbox"/>
9. Turn around between curbs		2. Air Brake <input type="checkbox"/> <input type="checkbox"/>
10. Enter and leave intersections		3. Forward & Back (Offset Alley) <input type="checkbox"/> <input type="checkbox"/>
11. Recognize and obey traffic signs, lights, and signals		4. Parallel Park (Conventional) <input type="checkbox"/> <input type="checkbox"/>
12. Use of good driving rules		5. Parallel Park (Sight Side) <input type="checkbox"/> <input type="checkbox"/>
13. 360 degree turns left/right (motorcycle only)	left right	6. Alley Dock <input type="checkbox"/> <input type="checkbox"/>
14. Figure eights (motorcycle only)		7. Road Test Restriction Code <input type="checkbox"/> Add <input type="checkbox"/> Delete
For customer service, contact our Phone Center at: 617-351-4500 from the 339/617/781/857 area codes or 800-858-3926 all other MA area codes. Customer Service Representatives are available weekdays 9 a.m. until 5 p.m.		<input type="checkbox"/> <input type="checkbox"/>
Please visit our website for comprehensive information at: <a href="http://www.mass.gov/rmv">www.mass.gov/rmv</a>		<input type="checkbox"/> <input type="checkbox"/>
Examiner Name		<input type="checkbox"/> <input type="checkbox"/>
Examiner ID		<input type="checkbox"/> <input type="checkbox"/>
Location		<input type="checkbox"/> <input type="checkbox"/>
Examiner Signature:		<input type="checkbox"/> <input type="checkbox"/>